Maryland New Hire Registry Reporting Form

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C		1	2	3

EMPLOYER INFORMATION

Federal Employer Id Number (FEIN):

5	2		6	0	0	2	0	3	3

Please use the same FEIN that appears on quarterly wage reports.

State Unemployment Insurance Number (MD Only SUIN):

0	0	6	5	8	0	6	4	1	0

If SUIN not issued yet, please write "APPLIEDFOR" in the above box. If Exempt, write "EXEMPT".

Employer Name:

M	O	T	O	R		V	E	H	I	C	L	E		A	D	M	I	N	.				

Employer Address *(Please indicate the address where the Income Withholding Orders should be sent):*

6	6	0	1		R	I	T	C	H	I	E		H	W	Y		N	E		R	M	1	0	1

Employer City:

G	L	E	N		B	U	R	N	I	E				

Employer State: M D   **Zip Code (5 digit):** 2 1 0 6 2

Employer Phone (optional):

Employer Fax (optional):

4	1	0	7	6	8	7	1	6	8

Contact Name (optional):

Email (optional):

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

Date of Hire (mm/dd/yyyy):

Employee First Name: **Middle Initial** (optional):

Employee Last Name:

Employee Address:

Employee City: **Employee State:**   **Zip Code (5 digit):**

Date of Birth mm/dd/yyyy (optional):   **Employee Salary (Dollars and Cents):**   Hourly   Monthly   Yearly

Are health care benefits available to employee? (Y/N): ☐   **Employee Gender (M)ale/(F)emale:** ☐

Reports must be submitted within 20 days of the date of hire or rehire   Rev (09/02)

Questions? Call us at (410) 281-6000 or toll-free 1 (888) MDHIRES (634-4737). Report online at www.mdnewhire.com